

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Bismarck Obando			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Director of External Affairs			CB/ID NUMBER			DIVISION OR BUREAU External Affairs		
RESIDENCE ADDRESS State Capitol			HEADQUARTERS ADDRESS			INDEX NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	AMOUNT	
11/18/09	5AM-8PM	Sac/Ontario/Riverside						317.20	air	9.00	24	10.68	336.88
11/20/09	6AM-8PM	Sac & Ventura		6.00				317.20	air	9.00	24	10.68	342.88
										0.00		0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
SUBTOTALS			0.00	6.00	0.00	0.00	0.00	634.40	0.00	18.00	48	21.36	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$679.76	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

- Travel to Ontario/Riverside/San Bernardino to meet with education stake holders  
re: RT3 and San Bern. County Sun Ed. Board
- Travel to Ventura to meet with education stakeholders re: RT3 and  
Ventura County Sun Ed. Board

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240795

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 11/23/09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11/30/09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE	